



BARRICK Heart of Gold Fund Application

Applicant Information		
Name of Organization:		
CRA Charitable Organization No:		
Mailing Address:		
City:	Province:	Postal Code:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Contact Name:	
Title:		
Phone No:	E-mail Address:	
Funding Request		
<input type="checkbox"/> Donation <input type="checkbox"/> Sponsorship	Amount:	
Please indicate the focus of your project/initiative :		
<input type="checkbox"/> Community Capacity Building and Leadership <input type="checkbox"/> Culture and Recreation <input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Health and Environment		
Briefly describe the project/initiative you would like Barrick to support. If applicable, please list other partners and supporters. (You may attach additional information to your application).		
Please outline the expected outcomes of the project/initiative. For example, how many people will benefit?		
Signature of applicant:		Date:

Please scan and send your application by e-mail to heartofgold@barrick.com or mail it to Attn: Julie Winget, Barrick Gold Corporation, Brookfield Place, TD Canada Trust Tower, 161 Bay Street, Suite 3700, P.O. Box 212, Toronto, Ontario M5J 2S1.